## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**263-037149** 

1. Part of the p	1. PLACE OF BEATH   PIRO   2. COLORY   PIRO   PIRO   2. COLORY   PIRO	DO NOT WRITE AMENDED		1			tion District No.	2 Z Registrar's No	<u> </u>				
VS 300 Rev. 4/59 108 20 2	PATE OF COUNTY PIRE SOUTHWATTER COUNTY No. 12 MAN COLLEGE OF MACHINE COUNTY STATE COUNTY STATE SOUTHWATCH COUNTY COUNTY COUNTY STATE  **COUNTY PIRE SOUTHWATCH COUNTY COUNTY COUNTY COUNTY STATE  **DECEMBER OF COUNTY PIRE SOUTHWATCH COUNTY COUNT	ON THIS STUB						24 1963	<u> </u>	2 USHAL DESIDENCE	E (Where decorred	iumi If institutioni	Pasidance hafore
Continue	Comparison of the property of the control of	1	æ		1	ľ		<b>9</b> a		1			
Continue	Comparison of the property of the control of	Rev. 4/59	12					limits, give TOWNSHIP only)	Length of stay in 1b	c. CITY			Inside Limits
Continue	Comparison of the property of the control of	1.00 -	WE				TOWN Louisian			Town Lo			
A CO DAWN OF DECRETE PIET Models Lat DAME Month Day Year Service Control of the C	A COLOR OF RACE    Second Color   Colo	<u> </u>					HOSPITAL OR	hospital, give location)		d. STREET ADDRESS	(If cutside	, give location)	Reside on Farm
A CO DAWN OF DECRETE PIET Models Lat DAME Month Day Year Service Control of the C	A COLOR OF RACE    Second Color   Colo	2 1822	28				INSTITUTION Residen	lênce	Yes No 🗆		9 Main St	reet	Yes 🗌 No 🛣
DAWBON PETTY CPACKY    S. SEX   S. COLOR OR PACE   Nover Married   R. DATE OF BIRTH   P. AGE (last Sinchedy)   P. URDEZ 1-RE Months   Doys   Moure   Min.	DAWBON PETTY CYRCLY  5 22  6 28  5 22  6 28  7 0000  8 2 19  9/4500F  10 10 10 10 10 10 10 10 10 10 10 10 10 1				丁	i I		First	Middle ,	Last		Nonth Day	Year
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Acute congestive heart failure    Secondary anemia   Secondary anemia	Suppose the property of the pr	ريقي	-		-				OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (CI		) 12. CITIZEN OF	WHAT COUNTRY
13a. FATHER'S NAME   13b. MOTHER'S MADIEN NAME   14c. NAME OF RUSSAND OR WIFE	13. FATHER'S NAME   13. MOTHER'S MAIDEN NAME   14. NAME OF RUSSAND OR WIFE   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. MAD BEAT   18. MAD BEAT   19. MAD BEAT   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAD BEAT   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MATY L. Briles, Louisiana, Mognitude   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MATY L. Briles, Louisiana, Mognitude   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MATY L. Briles, Louisiana, Mognitude   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MATY L. Briles, Louisiana, Mognitude   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MATY L. Briles, Louisiana, Mognitude   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MATY L. Briles, Louisiana, Mognitude   18. SOCIAL SECURITY NO.   18.	6 ,	2						Nurserv	Pike Co.	. Mo.	U.S.A.	
15. WAS DECASED EVER NUS. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. CAUSE OF BEATH (Enter only one cause per line   INVERTAL BETWEEN   INVERTIGATION   I	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INIGMANT   Address   18. SOCIAL SECURITY NO.   17. INIGMANT   Address   Mrs.   Mary L.   Briles, Louisiana, Mo.   18. CAUSE OF PEATH (Error only one cause per line   Mrs.   Mary L.   Briles, Louisiana, Mo.   1240-0   18. CAUSE OF PEATH (Error only one cause per line   Mrs.   Mary L.   Briles, Louisiana, Mo.   1240-0   18. CAUSE OF PEATH (Error only one cause per line   Mrs.   Mary L.   Briles, Louisiana, Mo.   1240-0   18. CAUSE OF PEATH (Error only one cause per line   Mrs.   Mary L.   Briles, Louisiana, Mo.   1240-0   18. CAUSE OF PEATH (Error only one cause per line   Mrs.   Mary L.   Briles, Louisiana, Mo.   14.   Mrs.   Mrs.   Mrs.   Mrs.   Mary L.   Briles, Louisiana, Mo.   14.   Mrs.   Mr	7 ()	3					138	MOTHER'S MAIDEN NAM	NE.	14. NAME O		
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Yes   No or unknown   Iff yes, pive war or dates of serving   Mrs. Mary L. Briles, Louisiana, Mo.   No.	(Yes. no. or unknown) (If yes, give war or date of serving to the county of the county	8 T) i	1				IS. WAS DECEASED EVER IN U.S	. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	<u></u>	Address	<del></del>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease ondition given in PART II. If deceased was female was female was female as there a pregnancy in last 90 days.  12/5/32 Fracture of hip right  19. WAS AUTOPSY PERFORMED: YES   NO.   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.  12/5/32 Fracture of hip right  19. WAS AUTOPSY PERFORMED: YES   NO.   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.  12/5/32 Fracture of hip right  19. WAS AUTOPSY PERFORMED: YES   NO.   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.  12/5/32 Fracture of hip right  19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of Item 18.)  20c. TIME OF Hour Month, Day, Year   NO.   OTHER SIGNIFICANT PART II of Item 18.)  20d. INJURY OCCURRED   20a. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION   COUNTY   STATE    21. I attended the deceased from 1959   19563 and last save him live on   226. DATE   226. DATE SIGNED   226. DATE	Value   Valu						which gave rise	with Pvel	onephritis	blindnes	s and sev	ere .	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO DEATH but not related to the terminal disease or disease condition given in PART II. I last 90 days.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal disease or disease or disease or disease condition given in PART II. of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal disease or disease or disease or disease.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal disease or disease. III. I last deceased was female was there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal disease or disease. III. I last deceased was female was there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease or disease. In last 90 days.   PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease or disease. In last 90 days.   PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease or disease. In last 90 days.   PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease or disease. In last 90 days.   PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal disease or disease. In last 90 days.   PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT CONTRIBUTIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART III. If deceased was female wa	132 4	드	⊢	+		stating the und	2000 to 10 00 00 00	ndary anem	ia			
STATE	NOW SAUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY O.C. TIME OF HOW MONTH, DAY, YEAR OF CHARLEST OF THE MONTH, DAY, YEAR OF COUNTY OF THE MONTH, DAY, YEAR OF CHARLEST OF THE MONTH, DAY, YEAR OF THE MONTH, DAY,		ξ				<u> </u>				he terminal PAR	Till. If deceased	was female was
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Parish State   Parish	21. I attended the decessed from 1959  Death occurred at	¥ ¥	`	1 1	.	.[	1		(	ANT CITY TOWN OR I	OCATION	COUNTY	STATE
Desir occurred strong partial (Degree or title)  222 SignAture  (Degree or title)  M.D. 122 S.3rd St.Louisiana, Mo 9/19/63  23c. DATE 23c. NAME OF CEMETERY OR CREMATORY  PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY  Burial  22c. DATE SIGNED 22c	Destri occurred state   Destrict   D				1		20d. INJURY OCCURRED. WHILE AT WORK  NOT WHILE AT WORK	farm, factory, stree		201. CITY, TOWN, OR I	LOCATION	COUNTY	
Desir occurred strong partial (Degree or title)  222 SignAture  (Degree or title)  M.D. 122 S.3rd St.Louisiana, Mo 9/19/63  23c. DATE 23c. NAME OF CEMETERY OR CREMATORY  PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY  Burial  22c. DATE SIGNED 22c	Destri occurred state   Destrict   D	~ X 없 뜯	N.		1		21 I amounted the decorated to	1959		9/17/63 and	last saw him alive on		
23a. Burial, CREMATION, REMOVAL (Specify) Burial  23b. Date P-19-63  Piverview Cemetery  Louisiana, Mo.	23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial 9-19-63 Riverview Cemetery Louisiana, Mo.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		2		1	·		10111	m on th			nowledge, from the co	nuses stated.
23a. Burial, CREMATION, REMOVAL (Specify) Burial  23b. Date P-19-63  Piverview Cemetery  Louisiana, Mo.	23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial 9-19-63 Riverview Cemetery Louisiana, Mo.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	ַ אָן `	븡		1	l I		48 (8)				<u> </u>	
23a. Burial, CREMATION, REMOVAL (Specify) Burial  23b. Date P-19-63  Piverview Cemetery  Louisiana, Mo.	23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) . (State)  Page 123a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) . (State)  Page 23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) . (State)  Page 23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) . (State)  Page 23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) . (State)  Page 23a. BURIAL, CREMATION, Page Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) . (State)	- S &	오					(Degree or tirle)	м. р.		St Louis	tiene Mo	
23. REMOVAL (Specify) 9-19-63 Riverview Cemetery Louisiana, Mo.		<b>₽</b>	S	Ш		Ę	• • • • •	DATE 230 N			LOCATION (City. 1	own, or county)	-7 7
			o			δ	REMOVAL (Specify)			1	==		
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Burial 9-19-63 Hiverview Cemetery Louisiana, mo-		USE	$\vdash$				23e. BURIAL, CREMATION, 23b. REMOVAL (Specify)	Curlle 23c. N.	AME OF CEMETERY OR CRI	122 S.3rd	LOCATION (City, t	own, or county)	9/19/63

(Licensed Embalmer's Statement on Reverse Side)

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Signature of Student Embalmer

signed Lo. M. Collier

Licensed Emblymer No. 3139

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

C. . . (If 'embalmed' by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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